## **'2007 LIMITED LIABILITY COMPANY**

**FILED** Apr 23, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # L02000034840** 1. Entity Name **OCEAN 22, LLC** Mailing Address Principal Place of Business 1645 PALM BEACH LAKES BLVD. SUITE 1200 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 01042007 No Chg-LLC CB2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0504251 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent LIOCE, DOMENICK R DO NOT WRITE 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 U00000724533 05/02/07-80113-021 50.00 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD #1200 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this about as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBERY OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #